

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Michael R. Pence**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Executive Director*

### Pharmacy Technician Renewal

Your pharmacy technician license in the state of Indiana expires on 6/30/2016. Renew online at [www.pla.in.gov](http://www.pla.in.gov) or send this form with the renewal fee of \$25 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after 6/30/2016 you must include a \$50 late fee. If you answer 'Yes' to any question below, please send a notarized statement fully explaining the response including location, date and disposition and official documentation regarding the event with this renewal form.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date 6/30/2016	Renewal Fee \$25
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
1. Since you last renewed, has any health profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state?			YES NO
2. Since you last renewed, have you been denied a license, certificate, or permit in any state?			YES NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?			YES NO
4. Since you last renewed, have you been treated for or received a diagnosis for alcohol or substance abuse or addiction?			YES NO
<b>LICENSEE AFFIRMATION</b>			
I hereby swear or affirm under the penalties of perjury that I understand the Board of Pharmacy statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Indiana Board of Pharmacy please email [pla4@pla.in.gov](mailto:pla4@pla.in.gov) or call 317-234-2067.

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date